

# Psychoanalytic Perspectives on Traumatic Repetition

Kari A. Gleiser, MA

**ABSTRACT.** Much research has explored processes of repetition in trauma survivors, from early notions of repetition compulsion to recent path analytic models of revictimization. However, a rift exists in the current literature: a tendency for empirical and social/cognitive theoretical perspectives to dismiss or neglect psychoanalytic and psychodynamic theories, while psychoanalytic theorists tend to eschew empirical validation. This paper reviews psychoanalytic perspectives on repetition and re-enactment in the hopes of achieving a deeper understanding of repeated patterns in trauma survivors. The paper focuses on the well-documented phenomenon in which survivors of childhood sexual abuse are frequently sexually revictimized in adolescence and adulthood, exploring ways in which psychoanalytic perspectives may inform and complement existing theories and empirical models. Particular emphasis is placed on the role of dissociation. Finally, the paper highlights several possible avenues where future attempts at theoretical integration may lead to fruitful research. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]*

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Kari A. Gleiser is affiliated with the National Center for PTSD, VA Medical Center, White River Junction, VT, and is a doctoral candidate in the Clinical Program, Department of Psychology, Boston University, Boston, MA.

Address correspondence to: Kari A. Gleiser, MA, National Center for PTSD, VA Medical Center, 215 Main Street, White River Junction, VT 05009 (E-mail: Kari.Gleiser.97@Alum.Dartmouth.org).

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The perplexing and insidious cyclic dynamics that underlie processes of repetition in trauma survivors have generated copious research and attention. Clinically, we observe this phenomenon in survivors of childhood sexual abuse who are raped in adulthood, or in survivors of physical abuse perpetrated by an alcoholic parent who, as adults, find themselves with a chain of abusive, alcoholic partners. Beginning with Freud's concept of repetition compulsion (Freud, 1920/1955), in which a patient is "obliged to *repeat* the repressed material as a contemporary experience instead of . . . *remembering* it as something belonging to the past"; (p. 18) and continuing through today with empirical structural models of revictimization (e.g., Arata, 2000), researchers and clinicians have sought to identify factors which result in traumatized individuals unconsciously re-enacting behavioral patterns that lead to further victimization and suffering.

Modes of investigation of this phenomenon include clinical observation, the development of theoretical models, and the collection of empirical data, all of which, ideally, contribute to each other synergistically. One rift, however, persists in the literature: a tendency for empirical and social/cognitive theoretical perspectives to dismiss or neglect psychoanalytic and psychodynamic theories, while psychoanalytic theorists tend to focus only on their own literature. Therefore, psychodynamic theories tend to be split off from the larger body of mainstream research efforts directed at elucidating the phenomenon of revictimization, despite the growing sophistication of psychodynamic theories' contributions to understanding aspects of trauma. This breach is evident in a recent issue of *Child Maltreatment* (February, 2000) devoted to an exploration of repeat victimization, in which several authors casually dismiss psychoanalytic notions of repetition compulsion as espousing a dated "blame the victim" stance. This type of dismissal not only involves an over-simplification of a subtle and complex theory, it also implies a fundamental misunderstanding of the theory itself, to the detriment of current theorizing and exploration of revictimization.

This paper reviews psychoanalytic perspectives on repetition and re-enactment, with a special emphasis on the role of dissociation, as a means of highlighting the value of such approaches in the quest for a deeper understanding of repeated patterns. In order to limit the scope of the discussion, I focus on the well-documented phenomenon in which

survivors of childhood sexual abuse (CSA) are frequently sexually revictimized in adolescence and adulthood. I begin with a summary of common effects and outcomes of CSA, including revictimization. Then I invoke psychoanalytic perspectives that may inform and deepen our understanding of such deleterious patterns. In doing so, I seek to lay the groundwork for a more holistic, integrated conceptualization of this phenomenon, one that includes psychoanalytic perspectives as an essential source of understanding and a possible springboard to empirically testable models.

### ***EFFECTS OF CSA AND ESSENTIAL DEFINITIONS***

After two decades of concerted attention and research on the sequelae of child abuse, few would dispute that such experiences carry long-term effects for victims and pose challenges that continue into adulthood. A considerable body of theoretical and empirical literature supports the association between a history of CSA and adult psychiatric symptomatology, such as posttraumatic stress disorder, borderline personality disorder, dissociative identity disorder, somatoform disorders, eating disorders and substance abuse disorders (Brown, 1991; Cole & Putnam, 1992). In addition to symptomatology, other salient aftereffects include poor affect regulation and impulse control, as well as disturbances in sense of self and relationships, most markedly in experiences of parent/child incest (e.g., Cole & Putnam, 1992; Herman, 1992).

While these liabilities can increase global vulnerability in CSA survivors, Finklehor and Browne (1985) put forth a theory enumerating specific risk factors that feed into revictimization known as "traumagenic dynamics." The theory highlights factors that ensue from child victimization, such as traumatic sexualization, betrayal, powerlessness, and stigmatization. Traumatic sexualization is apparent in the form of sexual preoccupations, compulsive sexuality, or aversion to sex and intimacy. The betrayal component leads to social isolation, feelings of guilt, shame, and low self-esteem, while a sense of powerlessness is associated with impaired interpersonal judgment and self-efficacy, and hostility toward others. Finally, stigmatization evokes fear and anxiety, the need to feel in control, and the lack of development of healthy coping skills. Any combination of these factors can put an individual at risk for revictimization, such as sexual acting out coupled with impaired interpersonal judgment.

Revictimization among CSA survivors has been shown by numerous epidemiological studies to be a robust and prevalent phenomenon. In a review article by Messman and Long (1996) that surveyed more than 25 studies examining the prevalence of revictimization in CSA survivors across college, clinical and community samples, virtually all studies corroborated increased rates of adult rape, assault and victimization in CSA survivors when compared to women without an abuse history. More recently, Kessler and Bieschke (1999) found in a sample of 548 college women that CSA survivors were 6.76 times more likely to be a victim of attempted rape and 4.41 times more likely to be victim of rape than their non-abused counterparts. Even more striking was the finding that the odds of adult rape in incest survivors rose to 9.35 times higher than that of non-abused women (Kessler & Bieschke, 1999). Furthermore, a prospective study of college students (Sandberg, Matorin, & Lynn, 1999) found a significant correlation between CSA and sexual victimization during a 10-week semester. PTSD symptomatology moderated this association such that higher levels of symptomatology led to higher levels of revictimization in CSA survivors. Additional support for revictimization comes from a prospective study of African American women with documented histories of CSA (West, Williams, & Siegel, 2000), that discovered that 30% of the sample had been revictimized, and that revictimized women were more likely to be involved in prostitution, have sexual health problems, and/or experience partner violence. Such statistics underscore not only the strong correlation between a history of CSA and revictimization, but also the imperative to understand the complex dynamics that give rise to this dangerous cycle.

Before exploring these dynamics, however, some definitions of terms are required in order to distinguish between repetition, revictimization and reenactment. Repetition encompasses a wide variety of phenomenon, with behavioral, cognitive and emotional elements, but for the purposes of this paper, repetition will refer to a fixed pattern of behavior rooted in past traumatic experience (Burgess, Hazelwood, Rokous, Hartman, & Burgess, 1988). Thus, repetition of CSA may entail a victim's perpetrating child abuse, or experiencing a later assault. Revictimization, then, is a particular type of repetition. Reenactment is frequently defined as a direct replication of the abusive experience, as Burgess et al. (1988) report in their study of serial rapists who perpetrated assaults in ways very similar to abuse they had suffered as children. This paper will examine revictimization as a type of repetition (e.g., a CSA survivor who is date-raped or raped by a stranger), which may or may not also be

a direct reenactment of previous abuse (e.g., a female survivor of paternal incest who is taken advantage of by men in positions of authority).

### **PSYCHOANALYTIC THEORIES**

Psychoanalytic theories have valuable insight to offer regarding the intrapsychic and interpersonal processes contributing to the phenomenon of revictimization. Consideration of the psychodynamics underlying the compelling pull toward repetition may complement and deepen theoretical and empirical work on revictimization by going beyond questions of "What?" and "How?" to "Why?" Or, more specifically, as opposed to staying with questions such as "What are the mediating variables between CSA and adult revictimization?", psychoanalytic theories venture into the more abstract and complicated territory of "Why does this happen?" and "What dynamic mechanisms might be responsible for this happening?"

Many psychoanalytic theorists recognize that repetition and reenactment are common occurrences in the lives of individuals who experienced childhood trauma (e.g., Stiver, 1990). Re-enactments may be understood as arising from templates set in place through affective interchanges with caregivers (Greenspan, 1997); or they may be understood as an attempt to remain attached to the abusive caregiver (Blizard & Bluhm, 1994); or they may be framed as repeated futile attempts to gain containment around occasions of extreme chaos and terror (Herman, 1992). Some even suggest that re-enactment may be a form of nonverbal communication of a trauma that cannot be expressed verbally (Chewing-Korpach, 1996; Chu, 1992). All of these frameworks for understanding the dynamics driving re-enactment share the implication that such behavior reinforces negative patterns of interpersonal interaction and can expose an individual to further exploitation.

Psychoanalytic approaches, in general, hinge on several core propositions relevant to the present discussion: an emphasis on unconscious processes; the influence of the past on present behavior; the centrality of conflict arising from parallel mental processes that do not always work in concert; and the recapitulation of patterns based on internalized representations of the self, other, and relationships (Westen, 1998). I consider how these processes apply to the study of repetition and revictimization within the context of classical psychoanalytic thought, object relations theories and self-psychological theories. Then I consider the crucial role of dissociation from various psychoanalytic perspectives,

before moving to an integrative look at how these theories fit into the larger research field of trauma and dissociation.

### ***FREUD: REPETITION COMPULSION***

Freud's initial attempt to describe repetition was based on its link to memory, or more accurately, the absence thereof. Freud believed that experiences (or, in his later theories, memories and fantasies) whose affect is too overpowering to be managed, are repressed or banished to the unconscious. Although these memories exist outside of awareness, they continue to exert an influence on behavior. Freud observes that, "the patient does not *remember* anything of what he has forgotten and repressed, but *acts* it out. He reproduces it not as a memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it" (1914/1958, p. 150). Later, in *Beyond the Pleasure Principle*, Freud posits that the drive to repeat stems from a need to achieve mastery over the traumatic situation, to transform an event that was passively endured into one that is actively mastered. Additionally, a need to dispel the powerful affect associated with the initial trauma may drive repetitive behavior and reenactments (Freud, 1920/1993).

Freud observes that repetition manifests in three forms, the first being the trauma dream, which "takes the patient back to the situation of his accident, a situation from which he awakens in another fright" (1920/1955, p. 13). The compulsion to repeat the trauma—Freud's "repetition compulsion" (1920/1955)—is powerful enough to override both his wish fulfillment theory of dreams and his pleasure principle theory, that states that the mental apparatus seeks to minimize states of tension or pain. In order to stress the primacy of the drive toward mastery, Freud (1920/1955) also invoked the example of a young child's repetitive play with a spool of yarn. The child would tirelessly throw the spool out of sight, losing it briefly, and then delightedly retrieve it. Freud interpreted this sequence of play as symbolizing the child's attempt to master the loss of his mother for brief periods of time when she would go out and leave him. Freud conjectured that the child was attempting, through repetitive play, to actively master a "trauma" that had been passively imposed upon him. Finally, the compulsion to repeat can be observed in the analytic situation in the form of transference neurosis, in which the analysand repeats his conflicts behaviorally with the analyst instead of remembering and verbalizing them (Freud, 1914/1958).

More than a half of a century later, Lenore Terr (1990) corroborated Freud's initial observations of children's repetitive play, extending them to modern definitions of trauma. She noted that, "posttraumatic play is obsessively repeated. It is grim" (p. 239). Her claims evolved from her observations of children who had been kidnapped in a school bus and buried alive. All of the children escaped, and afterward, Terr worked clinically with many of them. In this capacity she witnessed traumatic play, as one little girl evidenced in a game called "Busdriver," in which she pretended over and over again to drive a "safe bus." Terr interpreted this play as an attempt to "undo" the traumatic incident, or, in Freud's terms, to achieve mastery over a terrifying and helplessly endured event.

Repetitive play and dreams are not the only manifestations of repetition and reenactment. Trauma can be relived and repeated through: flashbacks, in which a past event is re-experienced on cognitive, emotional and/or sensorial levels; somatic sensations that can resemble the initial trauma such as choking experiences, localized bodily pain, vomiting; and rigidified defenses that were originally relied upon for survival and protection, and which presently serve the function of warding off anxiety and preserving self-esteem (Chu, 1991; Levy, 2000; Terr, 1990).

Despite consensual validation of repetition among psychoanalytic theorists today, a central critique of Freud's repetition compulsion theory is that mastery is seldom achieved (Levy, 2000). Thus, Levy's description of the repetition compulsion might be characterized as a contemporary revision of Freud's theory in terms of mastery:

... as the compulsion to repeat is a repetitive, self-defeating, and rigid way of being in the world that causes the individual distress, this process needs to be understood as a maladaptive attempt at mastery. It is an established and unchangeable coping style based on the past. (pp. 48-49)

In this revision, instead of conceptualizing the search for mastery as preparing the mental apparatus to handle the overwhelming stimulus of trauma (in the dense language of "excitations" and "cathexis") as Freud did (Stern, 1988), Levy stresses the historical aspect of repetition: what were once adaptive coping styles have now become maladaptive and dangerous. Not only is repetition an attempt at mastery, it is a *futile* attempt at mastery that can reintroduce CSA survivors to perilous situations, as we see in the afore-mentioned dynamics of traumatic sexualization

(Finklehor & Browne, 1985). A futile attempt at mastery may also underlie reenactments, as Schwartz and Galperin (1993) note: "unconscious reenactment may be a re-creation of unresolved early conflicts in order to discover the solution. If I marry a man like dad, maybe this time I can have sufficient control to change the outcome" (p. 212). Unfortunately, not only do these attempts at mastery often fail, they also can backfire, exposing the survivor to situations where the chance of revictimization is high.

### ***OBJECT RELATION THEORIES: INTROJECTION AND THE SELF-OTHER MATRIX***

Object relations theories evolved from classical psychoanalysis, shifting the dynamic emphasis from intrapsychic processes based on sexual and aggression drives to interpersonal processes involving interrelated representations of self, object (a.k.a. other people) and affect (Kernberg, 1975) that are encoded early in life and heavily reinforced as a consequence of repeated interactions with caregivers. These largely unconscious representations guide subsequent behavior throughout life.

Attachment behavior (Bowlby, 1988) is also a central tenet of object relations theory, and is particularly relevant in considering repetitive patterns of interpersonal relating. Bowlby (1988) writes that children seek a secure base and attachment in their caregivers, from which to gain security, protection, reassurance and love. Ideally, when caregivers are able to adequately provide a secure base and healthy attachments, children feel able to explore their worlds confidently, trust themselves and others and hold both self and others in generally positive regard. Attachment behavior is relatively stable throughout the life cycle, so that a formerly insecurely attached child will tend to experience more deficiencies in interpersonal relations as an adult than someone who was securely attached as a child (Main, 1995). When disruptions occur in caregiver-child interactions and attachment relations, as often takes place in abusive homes, dire consequences result, in the form of a child's impaired sense of self and other. A closer examination of these dynamics may elucidate some of the processes driving revictimization.

Object relations theory posits a self-object matrix in which an individual interacts dynamically with other people in such a way that important relational information is reflected back and incorporated into the self. For example, through introjection, "the child comes to view him- or herself in the same way he or she is treated by significant others.

Thus, if the child is subjected to severe abuse, he or she will form a negative view of the self" (Sandberg, Lynn, & Green, 1994, p. 262). Stiver (1990) writes about a phenomenon she observed in children who grow up in abusive, dysfunctional, and "nonrelational" families. She notes that the child in such a family "learns to alter her inner sense of herself . . . attempts to adapt her self-image to her understanding of the meanings of the neglect and/or violations she endures from others" (p. 1). This dynamic may shed light on the tendency of CSA survivors to harbor extremely negative self-concepts and struggle with feelings of worthlessness (Herman, 1992).

In cases of extreme pathology, such as Borderline Personality Disorder (which we now know may be strongly linked to extensive histories of abuse and neglect [e.g., Silk, Lee, Hill, & Lohr, 1995]), Kernberg (1975) writes about "unmetabolized" configurations of self-object-affect that remain unprocessed, thus exerting a powerful, primary effect on behavior. In the case of incest, a child might introject, without alteration, a sense of an inherently bad self, a malevolent other, and profound levels of fear, helplessness and sadness. Such representations may lead survivors to inadvertently seek negative feedback that reinforces their beliefs about themselves and others (Carey, 1997), and to allow or even pursue abusive relationships that are congruent with their internalized perceptions that they are bad and deserve to be punished<sup>1</sup> (Sandberg et al., 1994). Use of projective identification, a defense in which feelings and impulses that are suppressed and denied in oneself are projected onto and elicited in others, may also serve to recapitulate familiar but destructive cycles, both outside and inside the therapeutic setting via transference (Chewning-Korpach, 1996).

Blaming and devaluing the self is not only a passive result of introjection; it is also an active (albeit unconscious) defensive strategy children utilize in order to fabricate some measure of control, and to maintain attachment to the abuser(s). "[T]he child preserves the object by displacing blame for the abuse onto the self, thus allowing the object to remain idealized" (Blizard & Bluhm, 1994, p. 386). Preservation of attachment to caregivers, even abusive caregivers, is a primary goal and powerful motivator for a child whose survival is dependent upon them. Defenses and distortions, such as self-blame and splitting, which compromise ego strength in order to maintain attachment, are adaptive for the child at the time the abuse is occurring, but if left unrecognized, may form the foundation for a series of dysfunctional and abusive relationships later in life. In order to preserve the remnants of trust within the context of abusive caretakers, the child may dissociate, or split off from

awareness, all knowledge of the caretaker's betrayal when the abuse is not occurring (Davies & Frawley, 1994). Such a strategy, however, is not without consequences. The legacy of enduring, unrecognized defensive dissociative patterns as they relate to survivor revictimization includes:

... (a) a tendency (consciously or unconsciously) to reenact, or behave in accordance with, initial self-other patterns, (b) a tendency to set self up as a target for revictimization to emulate the initial self-other patterns, (c) a tendency not to perceive potentially threatening situations or not to trust such perceptions, and (d) a severely restricted ability to set boundaries against threatening situations. (Sandberg et al., 1994, p. 362)

As long as these liabilities remain unrecognized, they conspire to increase the risk of victimization in survivors through the repetition of entrenched interpersonal patterns and dynamics. Recognition and change are most likely in the context of a healthy attachment to a therapist in which patterns of repetition and reenactment are examined, and interpersonal awareness is enhanced (for a sensitive discussion of treatment implications, see Carey, 1997).

### ***SELF-PSYCHOLOGICAL THEORIES: DEFICITS IN SELF STRUCTURE***

Self-psychology, founded by Heinz Kohut, posits that psychopathology is rooted in defects, distortions or weaknesses in self-structure that derive from childhood experiences of caregivers' deficiencies and chronic empathic failures (Kohut, 1984). Specifically, Kohut created the concept of a "self-object" which refers to "that dimension of our experience of another person that relates to this person's functions in shoring up our self" (p. 49). Children rely almost exclusively on self-objects early in development to perform self-functions such as soothing, protection, cohesion, and continuity. Eventually, as the child matures, a process known as "transmuting internalization" allows the child to acquire these functions as part of the self, and to sustain him or herself independently of archaic self-objects (though never in complete isolation from more mature self-objects).

Implicit in such a theory is the notion that a child will only be equipped to perform the functions of protection, self-soothing, cohe-

sion, and continuity to the extent that they were initially provided by archaic self-objects in childhood. Without empathic, attentive caregivers committed to the child's healthy development, an adequate self-structure will not develop. Since every CSA experience involves at the very least a failure on the part of the caregiver to protect, and at the most a neglectful and chaotic family environment in which the child's needs are not acknowledged much less nurtured, we can begin to perceive how cycles of revictimization are promulgated. A child who was not protected will not be able to protect herself; a child who was not soothed will not be able to soothe herself; a child who was not valued will not be able to value herself. Such deficiencies create a deep vulnerability, while simultaneously driving an individual to seek others that may fulfill these primitive needs. In the case of a woman with a history of CSA whose only (deficient) self-object functions were provided by her abuser, she may feel compelled to seek fulfillment of her needs in the only way she knows how: through sexual behavior. This kind of cycle primes her for revictimization.

Self psychology, through its aims of empathy and vicarious introspection, views the revictimized survivor's plight in a non-judgmental, non-blaming way. Deficits in self-structure derive from deficits in early caregivers which, if unrecognized and unresolved, leave an individual vulnerable to further exploitation. Surprisingly, little emphasis is placed on self psychological theory in discussions of repetition and revictimization, despite its ability to specify mechanisms that may explain the phenomenon.

### ***DISSOCIATION, PSYCHOANALYSIS, AND REPETITION***

Dissociation refers to an autohypnotic, altered state of consciousness that can affect memory processes, awareness, alertness and identity (Brenner, 2001). Dissociation falls on a continuum from common, mild states of absorption such as daydreaming, to the severe levels of disturbance seen in dissociative identity disorder. Clinical dissociation is understood to be a primitive response to traumatic overstimulation of the ego and psychic pain (Brenner, 2001), in which aspects of the traumatic event, such as affect, memory, or meaning, are internally split off from awareness, or from each other, thereby shielding the individual from their immediate effects. Or, as Schwartz eloquently describes, "The mind is fleeing its own subjectivity to evacuate pain" (1994, p. 191). Adverse consequences of this defensive strategy include fragmentation

of memory and self/object representations, as well as deficiencies in reality testing and emotional regulation (Matthews & Chu, 1996). Dissociated experiences and aspects of the self are isolated fragments that remain unintegrated, uncontextualized, and often, even unsymbolized in language or narrative memory; however they continue to exert influence on the individual. They may remain suspended in somatosensory channels, or they burst through in iconic levels of memory, as in flashbacks (Schwartz, 1994). They may also make individuals more vulnerable to repetitive cycles and behavioral re-enactments, as I will explore later in this section.

Although some theorists (e.g., O'Neil, 1997) argue that psychoanalysis and dissociation theory represent conflicting paradigms to explain behavioral correlates of trauma, others (e.g., Ulman & Brothers, 1988; Schwartz, 1994) incorporate aspects of psychodynamic, and even classical psychoanalytic thought into explorations of dissociative symptomatology. Even while O'Neil, a psychoanalyst who works in the field of dissociation, asserts that Freudian psychoanalysis cannot explain the phenomenon of dissociation, he does acknowledge the benefit of incorporating knowledge of psychoanalytic conflict, defenses and narratives (such as the Oedipal drama) into work with dissociative patients (O'Neil, 1997). Furthermore, he recognizes the central role of Watkins' ego state theory (Watkins & Watkins, 1997) in the development of dissociation theory; however, Watkins' theory lies too far outside the realm of mainstream psychoanalysis for O'Neil to consider it truly psychoanalytic. For the purposes of this paper, which looks with a broader view the contributions of psychoanalytic and psychodynamics theories to cycles of repetition, Watkins' ego state theory will form the cornerstone of the discussion of dissociation's role in such cycles.

However, classic psychoanalytic theory should not be universally dismissed. Edith Jacobsen, for example, utilized Freud's notion of compromise formation in order to describe the defensive function of dissociation (Ulman & Brothers, 1988). Jacobsen noted that a traumatized person, in order to avoid intense psychic pain, will unconsciously split off and disown self-representations engendered during and immediately following traumatic experiences. The price of such fragmentation is a compromised sense of cohesive identity.

John and Helen Watkins' (1997) theory of ego states builds on Jacobsen's notion of split or dissociated self-representations. They describe a process of personality formation that entails differentiation of discrete parts with varying degrees of permeability between these parts. The distinct personality segments may encompass differing levels of

ego structure, affective experience, maturity, memories and defenses. For individuals who have experienced chronic, severe childhood sexual abuse, these separate ego states can be highly differentiated, less integrated into a coherent identity, and less accessible to one another. Such compartmentalization helps to cordon off affect from certain domains of a person's life (e.g., work or peer interactions) to allow for higher levels of functioning and resiliency in such areas, while at the same time protecting more vulnerable parts of the self. Working from within and ego state framework, Davies and Frawley (1994) write, in relation to dissociated child parts:

The patient who was sexually abused as a child is not an adult patient with particularly vivid memories of painful childhood experiences existing in the context of other, happier, more loving times. This child is a fully developed, dissociated, rather primitively organized alternative self . . . The dissociated child self has a different ego structure, a more primitive and brittle system of defenses, a fuller and more affect-laden set of memories, and has clearly become the repository for the patient's intense, often overwhelming rage, shame and guilt. (pp. 67-68)

Positing the existence of a dissociated child ego state, whose development was shaped by sexually exploitative experiences and intense betrayal, and who harbors unprocessed, unintegrated, overwhelming traumagenic cognitions and affects, can inform the dynamics underlying repetitive cycles. When an individual's child ego state is activated by contextual factors, that person's capacities for mature decision-making, competent self-care and protection are going to be severely compromised. Therefore, if a CSA survivor finds herself in a threatening interpersonal situation in which a dissociated child ego state is triggered, instead of acting as a resourceful adult capable of abstract thinking, rational thought processes, and perspective taking, she may find herself reacting as a child in an abusive situation—frozen, silenced, overwhelmed by shame, self-loathing, guilt. And in the case of an incest survivor, a child part would be more likely to resort to old and familiar strategies (perhaps the only ones she knows) in order to gain attention, affection and love at the price of abuse and pain. Such cycles, pursued and enacted by child parts, may prove impervious to integrating insights and learning reaped by adult parts, due to the isolated, fragmentary nature of dissociative identity.

Dissociation can impede learning processes in another key way. Much of learning involves recognizing associations and relationships between events. Since dissociation fractures alertness, awareness and memory processes, individuals who dissociate in the face of stressful, overwhelming situations are deprived of the opportunity to formulate, encode and retrieve the very cues that could help them avoid danger or menacing relationships the next time they arise (Galatzer-Levy, 1997). Such a pattern may contribute to the perpetuation of repetitious cycles of behaving and relating.

### ***TOWARD MORE INTEGRATED RESEARCH***

This paper began with the observation that some contemporary theorists studying revictimization dismiss psychoanalytic thinking on repetition compulsion without truly understanding or trying to appreciate the insights it has to offer the field. Without digressing into an analysis of the protective importance that walls around theoretical perspectives can offer, it is important, nonetheless, to acknowledge the propensity of theorists and researchers in all fields and disciplines to define their viewpoints as much by what they are not, as by what they are. For this reason, people can be blinded by their need to stay strictly within the bounds of their own perspective, thereby eschewing the freedom of exploring territory outside their walled fortresses. Such a tendency makes it easy to miss the bridges connecting various viewpoints, as well as possible conceptual similarities masked by different terminologies.

In contrast to such exclusivity, Colby and Stoller (1988) exemplify an inclusive approach to theory-building; although they argue vehemently against the possibility of psychoanalysis ever becoming an empirical science, they acknowledge and even celebrate its potential contributions to the evolving field of cognitive science. While they argue that the clinical encounter between analyst and analysand cannot generate empirical "data" or confirm or refute hypotheses, they underscore the merits of the field's deep systematic observation of dynamic mental processes and subjective experience that is invaluable to the process of building theories about mental processes.

Designing a detailed theoretical model of revictimization that combines psychoanalytic and social learning perspectives is an enormously ambitious project, which is beyond the scope of this paper. Thus far, I have sampled various psychoanalytic theories on revictimization in an attempt to show how they may contribute valuable insight to the field. I

proceed now by highlighting points of connection between these theories and some cognitive and social learning theories prominent in the trauma literature, indicating places where future attempts at thoughtful integration may lead to fruitful research.

Several cognitive and social learning theories share points of intersection with psychoanalytic theories, as they address interpersonal deficits and challenges facing the CSA survivor that may intensify the risk of revictimization. For example, Safran's (1990) concept of interpersonal schema model—which Cloitre (1998) applies to the phenomenon of revictimization—resonates strongly with object relations theories reviewed previously. Interpersonal schema theory posits that “templates of interpersonal relatedness” (Cloitre, 1988) are formed on the basis of past experiences with others, and guide future behavior. When a child must rely on abusive caretakers for comfort, protection and attachment, that child may come to associate care with violence or sexual activity. As these schemas form the basis for future attachment and behaviors, a victim of CSA would be more likely to find herself in relationships where violence and/or sexual exploitation is a threat. Thus, “the interpersonal belief system that emerges from these experiences has its basis in efforts to adapt effectively to the given environment for satisfaction of relational and survival needs” (Cloitre, 1988, p. 283) reflecting an encoded way of relating that is inherently dysfunctional, but, given a CSA survivor's history, her only perceived option.

Although interpersonal schema is couched in the language of cognitive theory, it appears to overlap with the concept of introjected self-object representations discussed above. Incorporation of object relational ideas such as introjection and internalization could further deepen the understanding of complex dynamics that foster self-concept and patterns of relating leading to revictimization. For example, the benefits of such integration are apparent in Horowitz's (1986) schema theory of posttraumatic psychopathology. Horowitz blends psychoanalytic and information processing concepts to explain how traumatic experiences can create an incongruity between the meanings associated with such events (e.g., “the world is an unsafe place and I am incompetent”) and internal beliefs. In order to heal, Horowitz posits that a traumatized individual must engage in repetitive processing of the traumatic event in order to bring internal and external meaning making processes into congruence. In the absence of such processing and reconciliation, an individual may be at risk for revictimization, especially if traumatic beliefs are dissociated from awareness, yet continue to influence behavior.

In addition, self-psychological theories of self-structure seem to overlap with social learning theories to a certain extent, especially theories of coping deficits (Gold, Sinclair, & Balge, 1999) and learning deficits (Messman & Long, 1996). Internal, global, and stable attributions such as self-blame, as well as disengaged and avoidant coping traits—all of which tend to be characteristic of CSA survivors who experience high levels of distress—are associated with learned helplessness. In learned helplessness and learned expectancy—formulations that posit that a survivor's social and interpersonal expectations are shaped by past experiences (Gold et al., 1999; Grauerholz, 2000)—sexual coercion may seem unavoidable in the context of interpersonal relatedness, and the victims may perceive themselves as powerless (Finklehor & Browne, 1985), thus responding in a passive way. Grauerholz (2000), in relation to learned expectancy, even goes so far as to ask, "Is it possible that some women consider sexual coercion to be a normal, albeit unpleasant, part of heterosexual relations as a result of their earlier experiences?" (p. 3), e.g., in the case of a young girl raped by a family member for many years while growing up. Theories regarding learned helplessness and learned expectancies share with self-psychological theories an emphasis on understanding the complex patterns that emerge from past experiences shaping current behavioral, affective and attachment configurations. In fact, one might even conceptualize transmuting internalization as a special, elaborated form of modeling and learning.

Two possible benefits emerge from recognizing such complementarity between theories. First, by drawing on elements of different theories in an integrative way, we may reach new depths of understanding in the form of more complex and complete theoretical models. Therefore, efforts to arrive at theoretical synthesis (e.g., Grauerholtz, 2000; Gold et al., 1999), may benefit from the inclusion of insights and dynamics elaborated by psychoanalytic theories.

Secondly, this deeper understanding may be reflected in new research designs. For example, longitudinal designs focusing on the relation between parenting styles and personality factors associated with revictimization might test theories of self-concept and self-structure. Being able to observe that a deficit in parental protective behavior could reliably predict a deficit in an adults' ability to protect themselves, would offer some support for these theories. In addition, research might target the quality of schemas/representations of self and other in CSA survivors, in order to ascertain whether certain associations (e.g., worthless self; malevolent other) are related to revictimization. Finally, self-verification research with abuse survivors who are revictimized may be

able to support the negative feedback propensity of CSA survivors to seek out experiences that confirm their beliefs about themselves and others. From a research design perspective, structural equation models designed to test these kinds of hypotheses might build in variables assessed by modalities other than self-report, in order to increase construct validity and possibly incorporate complex clinical observations (e.g., see Westen's SWAP model [1999]).

Some theorists do strive to integrate theoretical perspectives. Bessel van der Kolk (1989) discusses repetition of trauma from multiple viewpoints: behavioral, emotional, physiologic, and neuroendocrinologic. Especially interesting is the link van der Kolk forges between repetition compulsion and neuroendocrinology. He notes that some people can become essentially addicted to trauma when traumatic stimuli are associated with massive releases of endogenous opioids, one of the major stress hormones. A person may seek out situations that evoke strong emotions—even negative emotions such as fear—in order to reap the benefits of an opioid release which has the effect of mitigating pain and anxiety. Therefore, in a paradoxical dilemma, a person may incur more pain as a way of abating the pain that already exists.

Allan Schore (2001) also works from within an interdisciplinary framework, one that integrates attachment theory, neurobiology and neuropsychology to explore the mechanisms by which abuse and neglect impair infant brain development and instate lifelong deficits in coping and affect regulation. Such research has direct implications for the present discussion of traumatic repetition. Schore (2001) presents data suggesting that early relational trauma impairs the cognitive and interpersonal functioning of an infant by altering brain chemistry and anatomy during developmentally vulnerable periods of growth. These enduring changes in neural systems, namely in limbic and right brain regions—implicated in affect regulatory and social information processes—and in the orbitofrontal cortex—involved in attachment behavior and state regulation—essentially hardwire the effects of trauma into the mind of the infant. These effects manifest behaviorally as coping deficits, impairments in affect regulation and interpersonal functioning, and dissociation, all of which put an individual at risk for exposure to further trauma. Such data appear to corroborate, from a neurobiological perspective, earlier object relational and self-psychological notions such as "introjection" and "transmuting internalization," that provide psychological explanations of how external experience is translated into internal structures which, in turn, shape an individual's behavior. The mutually interactive psychological and neurobiological shaping that re-

sults from early relational trauma reveals how a traumatized individual may unconsciously recreate in his or her present external environment the dynamics of past toxic experiences.

Gathering information from various theoretical vantage points, including psychoanalytic perspectives, has the potential to enrich greatly our understanding of deleterious cycles of repetition and revictimization. This paper has sought to demonstrate the value of incorporating aspects of psychoanalytic thought into other existing theoretical models and empirical inquiry on revictimization. From futile attempts at mastery, to notions of introjection and internalization of self-object functions, psychoanalytic theories can deepen our understanding of the underlying dynamics that give rise to cycles of repetition and revictimization. This understanding may then be investigated empirically, leading us one step closer to prevention and treatment planning, which ultimately translates into less suffering on the part of individuals trapped in these vicious, "invisible" cycles.

## NOTE

1. It is important to underscore the difference between the subtle interplay of unconscious dynamics underlying revictimization and a blame-the-victim stance. Given the fact that these dynamics are largely unconscious and unprocessed, individuals may be aware of repeated patterns without necessarily having any insight into why they engage in them, or how they could be changed. This articulation of such intrapsychic, intraindividual factors does not imply that a victim is responsible for being revictimized.

## REFERENCES

- Arata, C.M. (2000). From child victim to adult victim: A model for predicting sexual revictimization. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 5 (1), 28-38.
- Blizard, R.A., & Bluhm, A. M. (1994). Attachment to the abuser: Integrating object-relations and trauma theories in treatment of abuse survivors. *Psychotherapy*, 31, 383-390.
- Bowlby, J. (1988). The origins of the attachment theory. In J. Bowlby, *A secure base: Parent-child attachment and healthy human development* (pp. 20-38). New York: Basic Books.
- Brenner, I. (2001). *Dissociation of trauma: Theory, phenomenology, and technique*. New York: International Universities Press.
- Brown, G.R., & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. *American Journal of Psychiatry*, 148, 55-61.

- Burgess, A.W., Hazelwood, R.R., Rokous, F.E., Hartman, C.R., & Burgess, A.G. (1988). Serial rapists and their victims: Reenactment and repetition. *Annals of the New York Academy of Sciences*, 528, 277-295.
- Carey, A.L. (1997). Survivor revictimization: Object relations dynamics and treatment implications. *Journal of Counseling and Development*, 75, 357-365.
- Chewning-Korpach, M. (1996). Sexual revictimization: A cautionary note. In M.F. Schwartz, & L. Cohn (Eds.), *Sexual abuse and eating disorders* (pp. 179-190). New York: Brunner/Mazel, Inc.
- Chu, J.A. (1991). The repetition compulsion revisited: Reliving dissociated trauma. *Psychotherapy*, 28, 327-332.
- Chu, J.A. (1992). The revictimization of adult women with histories of childhood abuse. *Journal of Psychotherapy Practice & Research*, 1, 259-269.
- Cloitre, M. (1998). Sexual revictimization: Risk factors and prevention. In V.M. Follette, J.I. Ruzek, & F.R. Abueg (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 278-304). New York: Guilford Press.
- Colby, K.M., & Stoller, R.J. (1988). *Cognitive science and psychoanalysis*. Hillsdale, NJ: The Analytic Press.
- Cole, P.M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Counseling and Clinical Psychology*, 60, 174-184.
- Davies, J.M., & Frawley, M.G. (1994). *Treating the adult survivor of childhood sexual abuse*. New York: BasicBooks.
- Finklehor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry* 55, 530-541.
- Freud, S. (1920/1955). Beyond the pleasure principle. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud*, vol. 18 (pp. 7-64). London: Hogarth Press.
- Freud, S. (1914/1958). Recollection, repetition, and working through (Further recommendations in the technique of psychoanalysis II). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud*, vol. 12 (pp. 123-144). London: Hogarth Press.
- Galatzer-Levy, R.M. (1997). Psychoanalysis, memory and trauma. In P.S. Appelbaum, L.A. Ueyehara, & M.R. Elin (Eds.), *Trauma and memory: Clinical and legal controversies* (pp. 138-157). New York: Oxford University Press.
- Gold, S.R., Sinclair, B.B., & Balge, K.A. (1999). Risk of sexual revictimization: A theoretical model. *Aggression & Violent Behavior*, 4, 457-470.
- Grauerholz, L. (2000). An ecological approach to understanding sexual revictimization: Linking personal, interpersonal and sociocultural factors and processes. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 5 (1), 5-17.
- Greenspan, S.I., with Benderly, B.L. (1997). *The growth of the mind and the endangered origins of intelligence*. New York: Addison Wesley.
- Herman, J.L. (1992). *Trauma and recovery*. New York: BasicBooks.
- Horowitz, M.J. (1986). *Stress response syndrome, 2nd edition*. Northvale, NJ: Jason Aronson.

- Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.
- Kessler, B.L., & Beischke, K.J. (1999). A retrospective analysis of shame, dissociation, and adult victimization in survivors of childhood sexual abuse. *Journal of Counseling Psychology*, 46, 335-341.
- Kohut, H. (1984). *How does analysis cure?* Chicago: The University of Chicago Press.
- Levy, M.S. (2000). A conceptualization of the repetition compulsion. *Psychiatry: Interpersonal & Biological Processes*, 63 (1), 45-53.
- Main, M. (1995). Recent Studies in Attachment. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 407-474). New York: Erlbaum.
- Matthews, J.A., & Chu, J.A. (1997). Psychodynamic therapy for patients with early childhood trauma. In P.S. Appelbaum, L.A. Uyebara, & M.R. Elin (Eds.), *Trauma and memory: Clinical and legal controversies* (pp. 316-343). New York: Oxford University Press.
- Messman, T.L., & Long, P.J. (1996). Child sexual abuse and its relationship to revictimization in adult women: A review. *Clinical Psychology Review*, 16, 397-420.
- O'Neil, J.A. (1997). Expanding the psychoanalytic view of the intrapsychic: Psychic conflict in the inscape. *Dissociation: Progress in the Dissociative Disorders*, 10, 192-202.
- Safran, J.D. (1990). Towards a refinement of cognitive therapy in light of interpersonal theory: I. Theory. *Clinical Psychology Review*, 10 (1), 87-105.
- Sandberg, D.A., Lynn, S.J., & Green, J.P. (1994). Sexual abuse and revictimization: Mastery, dysfunctional learning, and dissociation. In S.J. Lynn, & J.W. Rhue (Eds.), *Dissociation: Clinical and theoretical perspectives* (pp. 242-267). New York: The Guilford Press.
- Sandberg, D.A., Matorin, A.I., & Lynn, S.J. (1999). Dissociation, posttraumatic symptomatology and sexual revictimization: A prospective examination of mediator and moderator effects. *Journal of Traumatic Stress*, 12, 127-138.
- Schore, A.N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22 (1-2), 201-269.
- Schwartz, M.F., & Galperin, L.D. (1993). Reenactment and trauma. *Eating Disorders: The Journal of Treatment and Prevention*, 1, 314-320.
- Schwartz, H.L. (1994). From dissociation to negotiation: A relational psychoanalytic perspective on multiple personality disorder. *Psychoanalytic Psychology*, 11, 189-231.
- Silk, K.R., Lee, S., Hill, E.M., & Lohr, N.E. (1995). Borderline personality disorder symptoms and severity of sexual abuse. *American Journal of Psychiatry*, 152, 1059-1064.
- Stern, M.M. (1988). *Repetition and trauma: Toward a teleonomic theory of psychoanalysis*. Hillsdale, NJ: The Analytic Press.
- Stiver, I. (1990). *Dysfunctional families and wounded relationships, part II*. Wellesley, MA: The Stone Center.
- Terr, L. (1990). *Too scared to cry: How trauma affects children . . . and ultimately us all*. New York: BasicBooks.

- Ulman, R.B., & Brothers, D. (1988). *The shattered self: A psychoanalytic study of trauma*. Hillsdale, NJ: Analytic Press.
- Van der Kolk, B.A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America*, 12 (2), 389-411.
- Watkins, J.G., & Watkins, H.H. (1997). *Ego states: Theory and therapy*. New York: W.W. Norton and Company.
- West, C.M., Williams, L.M., & Siegel, J.A. (2000). Adult sexual revictimization among black women sexually abused in childhood: A prospective examination of serious consequences of abuse. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 5 (1), 49-57.
- Westen, D. (1998). The scientific legacy of Sigmund Freud: Toward a psychodynamically informed psychological science. *Psychological Bulletin*, 124, 333-371.
- Westen, D., & Shedler, J. (1999). Revising and assessing Axis II, Part I: Developing a clinically and empirically valid assessment method. *American Journal of Psychiatry*, 156, 258-272.

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